



**WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION & ANTITRUST DIVISION**

P.O. Box 1789
Charleston, WV 25326-1789
Telephone: (304) 558-8986 or (800) 368-8808

FUNERAL HOME/CEMETERY RENEWAL FORM
CERTIFICATE OF AUTHORITY TO PROVIDE PRENEED FUNERAL CONTRACTS
(As required under West Virginia Code, Chapter 47, Article 14)

FEE: A fee of \$200.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund, must be attached.

1. **Funeral Home Name:** _____

Corporate owner: _____

If a subsidiary corporation, provide name and address of parent corporation

Certificate Holder's COA No. _____ FEIN NO. _____

Mailing address: _____

Business location: _____

City _____ County _____ State _____ Zip _____

Business Telephone: _____ Business Fax : _____

Licensee in Charge _____

NOTE: If you operate more than one location you must submit a renewal application for each location and pay the \$200.00 fee for each location.

2. List below the names and addresses of the corporate officers, directors, employees and/or partners owning 10% or more interest in the funeral home or corporate owner. If additional space is needed, attach separate sheet:

<u>Name</u>	<u>Title</u>	<u>Address</u>
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Has the applicant or any partner, officer, director or employee been convicted of a felony? _____

Has the applicant or any partner, officer or employee been convicted of a crime in any jurisdiction which relates to the sale of preneed burial contracts? _____

Has the applicant or any partner, officer or director filed bankruptcy? _____

Has the applicant or any partner, officer or director been convicted of a crime in any jurisdiction relating to the sale of preneed funeral contracts? _____.

Has the applicant, or any partner, officer or director ever had any certificate of authority or license to sell preneed funeral contracts revoked, suspended or otherwise acted against, including denial of licensure, by a licensing authority of another jurisdiction? _____

If you answered " yes" to any of the above, attach a written statement giving complete details.

3. **AGENTS AND EMPLOYEES:** No certificate holder, agent or employee, may offer for sale or sell preneed funeral contracts in the State of West Virginia without a license for such purpose.

Provide the names and address of any persons who will sell preneed funeral contracts for the applicant. If additional space is needed, attach a separate list.

4. **DISPOSITION OF FUNDS:** Provide the name and address of every financial institution or insurance company where funds collected on preneed funeral contracts are deposited. If additional space is needed, attach a separate list.

AFFIRMATION FOR CORPORATION

I hereby certify that this application contains true and accurate statements and that I have provided all the information requested in complete and accurate detail. I certify that all business will be conducted in conformity with W. Va. Code, Chapter 47, Article 14, titled PRENEED FUNERAL CONTRACTS ACT, and the Regulation implementing the Act, the terms of which it is further certified that the applicant is familiar.

(Corporate Seal)

By: _____
(President)

By: _____
(Secretary)

By: _____
(Licensee in Charge)

Taken, subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires: _____

NOTARY PUBLIC

(Notary Seal)

PLEASE CONTINUE TO THE NEXT PAGE

AFFIRMATION FOR INDIVIDUAL OR PARTNERSHIP AND LICENSEE IN CHARGE

I hereby certify that this application contains true and accurate statements and that I have provided all the information requested in complete and accurate detail. I certify that all business will be conducted in conformity with W. Va. Code, Chapter 47, Article 14, titled PRENEED FUNERAL CONTRACTS ACT, and the Regulation implementing the Act, the terms of which it is further certified that the applicant is familiar.

Title: _____

Title: _____

Licensee in Charge

Taken, subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires: _____

NOTARY PUBLIC

(Notary Seal)

This renewal application MUST be accompanied by a fee of \$200.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund.

Return this Renewal Form and Fees to:

**WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION & ANTITRUST DIVISION**

P.O. Box 1789
Charleston, WV 25326-1789

Revised: September 8, 2005

West Virginia Office of the Attorney General
FUNERAL HOME/CEMETERY **RENEWAL** FOR CERTIFICATE OF AUTHORITY TO PROVIDE PRENEED FUNERAL CONTRACTS

END
